

SEXUAL OFFENCES CLEARANCE CONSENT FORM

PLEASE PRINT IN BLOCK LETTERS

First Names:													
Surname:													
Home Address:													
Work Address:													
Cell:													
Telephone Number:													
ID/Passport Number:													
Date of Birth (DD/MM/YY):													
Race:	Asian	Black	Coloured	White									

1. I hereby state that I have never been accused, arrested or charged with any crime in which any child may have been the complainant for a crime contemplated in the Sexual Offences Amendment Act of 2007, or have been involved in any crime pertaining to child pornography. I have no reason to believe that my name will appear on the Sexual Offenders Register.
2. I understand that **Guardian Investigations** and their duly appointed verification agents Lexis Nexis Risk Management (LNRM) will forward my personal information to the SAPS Criminal Record Centre for criminal clearance and I authorize **Guardian Investigations and LNRM** to conduct these SAPS clearance checks.
3. I unconditionally indemnify **LNRM and Guardian Investigations** against any liability which may result.
4. I understand, authorise, and indemnify that only information received by **Guardian Investigations** from **LNRM** which relates to crimes contemplated in the Sexual Offences Amendment Act 2007 will have any bearing on this certificate.
5. I understand that once the criminal check is done that The Guardian will conduct further investigations to establish if, in accordance with the Sexual Offences Amendment Act of 2007, my name is on the Sexual Offences Register.

Signed at _____ (Place) on ____/____/____ (Date-DD/MM/CCYY)

Signature